

FORM TO BE USED BY A PRISONER IN FILING A CIVIL RIGHTS COMPLAINT  
UNITED STATES DISTRICT COURT FOR THE DISTRICT OF NEW JERSEY

Donell Freeman

(Enter above the full name of the plaintiff in this action)

V.

Mc DONELL, Kevin, MD,

(MORRIS COUNTY medical  
Provider)

(Enter the full name of the defendant or defendants in this action)

COMPLAINT

Civil Action No. 18-7802-BRM-TB

(To be supplied by the Clerk of the Court)

RECEIVED

APR 16 2018

AT 8:30  
WILLIAM T. WALSH  
CLERK

INSTRUCTIONS; READ CAREFULLY

1. This complaint must be legibly handwritten or typewritten, signed by the plaintiff and subscribed to under penalty of perjury as being true and correct. All questions must be answered concisely in the proper space on the form. Where more space is needed to answer any question, attach a separate sheet.
2. In accordance with Rule 8 of the Federal Rules of Civil Procedure, the complaint should contain (1) a short and plain statement of the grounds upon which the court's jurisdiction depends, (2) a short plain statement of the claim showing that you are entitled to relief, and (3) a demand for judgment for the relief which you seek.
3. You must provide the full name of each defendant or defendants and where they can be found.
4. You must send the original and one copy of the complaint to the Clerk of the District Court. You must also send one additional copy of the complaint for each defendant to the Clerk. Do not send the complaint directly to the defendants.
5. Upon receipt of a fee of \$400.00 (a filing fee of \$350.00, and an administrative fee of \$50.00), your complaint will be filed. You will be responsible for service of a separate summons and copy of the complaint on each defendant. See Rule 4, Federal Rule of Civil Procedure.

6. If you cannot prepay the \$400.00 fee, you may request permission to proceed in forma pauperis in accordance with the procedures set forth in the application to proceed in forma pauperis. See 28 U.S.C. §1915. (If there is more than one plaintiff, each plaintiff must separately request permission to proceed in forma pauperis.)

7. If you are given permission to proceed in forma pauperis, the \$50.00 Administrative Fee will not be assessed. The Clerk will prepare and issue a copy of the summons for each defendant. The copies of summonses and the copies of the complaint which you have submitted will be forwarded by the Clerk to the United States Marshal, who is responsible for service. The Marshal has USM-285 forms you must complete so that the Marshal can locate and serve each defendant. If the forms are sent to you, you must complete them in full and return the forms to the Marshal.

**QUESTIONS TO BE ANSWERED**

1a. Jurisdiction is asserted pursuant to (CHECK ONE)

☒ 42 U.S.C. §1983 (applies to state prisoners)

☐ Bivens v. Six Unknown Named Agents of Fed. Bureau of Narcotics, 403 U.S. 388 (1971) and 28 U.S.C. § 1331 (applies to federal prisoners)

If you want to assert jurisdiction under different or additional statutes, list these below:

\_\_\_\_\_

1b. Indicate whether you are a prisoner or other confined person as follows:

☐ Pretrial detainee

☐ Civilly-committed detainee

☐ Immigration detainee

☒ Convicted and sentenced state prisoner

☐ Convicted and sentenced federal prisoner

☐ Other: (please explain) \_\_\_\_\_

## 2. Previously Dismissed Federal Civil Actions or Appeals

If you are proceeding in forma pauperis, list each civil action or appeal you have brought in a federal court while you were incarcerated or detained in any facility, that was dismissed as frivolous or malicious, or for failure to state a claim upon which relief may be granted. Please note that a prisoner who has on three or more prior occasions, while detained in any facility, brought an action or appeal in a federal court that was dismissed as frivolous or malicious, or for failure to state a claim upon which relief may be granted, will be denied in forma pauperis status unless that prisoner is under imminent danger of serious physical injury. See 28 U.S.C. § 1915(g).

## a. Parties to previous lawsuit:

Plaintiff(s): Donell FreemanDefendant(s): MATTHEWb. Court and docket number: 3:17-cv-01931 BRM-TJBc. Grounds for dismissal: ☒ frivolous ☐ malicious

Temporary closed, ☐ failure to state a claim upon which relief  
 forgot to have account statement signed may be granted

d. Approximate date of filing lawsuit: 4-2016 Approximatelye. Approximate date of disposition: 06-06/2017

If there is more than one civil action or appeal, describe the additional civil actions or appeals using this same format on separate sheets. NO

3. Place of Present Confinement? Southwood State Prison

## 4. Parties

(In item (a) below, place your name in the first blank and place your present address in the second blank. Do the same for additional Plaintiffs, if any.)

a. Name of plaintiff: Donell Freeman

Address: 215 Burlington P.d Bridgeton N.J 08302

Inmate #: \_\_\_\_\_

b. First defendant:

Name: Mr Donnell, Kevin, MD

Official position: Physician

Place of employment: Monmouth County Correction Institution

How is this person involved in the case?

(i.e., what are you alleging that this person did or did not do that violated your constitutional rights?)

He Dictated and Authenticated my X-Ray Report of Left hip. But fail to provide medical care, as I complain two years of pain and suffering as condition worsen. Failure to provide medical care, resulted in hip replacement, in South woods.

c. Second defendant:

medical neglected (deliberate indifference)

Name: \_\_\_\_\_

Official position: \_\_\_\_\_

Place of employment: \_\_\_\_\_

How is this person involved in the case?

(i.e., what are you alleging that this person did or did not do that violated your constitutional rights?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. If there are more than two defendants, attach a separate sheet. For each defendant specify: (1) name, (2) official position, (3) place of employment, and (4) involvement of the defendant.

5. I previously have sought informal or formal relief from the appropriate administrative officials regarding the acts complained of in the Statement of Claims on page 6.

☐ Yes ☒ No

If your answer is "Yes," briefly describe the steps taken, including how relief was sought, from whom you sought relief, and the results.

---

---

---

---

If your answer is "No," briefly explain why administrative remedies were not exhausted.

I went down to medical for two yrs. complaining of the worsening condition, my meds was increase, but i trusted the Assessment of Doctors, And left it alone.

6. Statement of Claims

(State here as briefly as possible the facts of your case. Describe how each defendant violated your rights, giving dates and places. If you do not specify how each defendant violated your rights and the date(s) and place of the violations, your complaint may be dismissed. Include also the names of other persons who are involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach a separate sheet if necessary.)

ON 6-29-2015 i WAS brought From BASHORE hospital, prior to my arrest in car crash. Then taken to County on Charges. During that time i follow up in medical about my left leg pains I WAS given medication. Severe months gone by And conditions worsen; eventually 12/02/2015 date of EXAM Hip X RAY is done. According to Doctor, it was a fracture healing



From PAST OPERATED FRACTURE where I had Screw Fixation. And I was given meds for the pain. But my walk began slowing down, and pain became so unbearable I could not stand, or lay on it. I ASK FOR a REFER TO ORTHO, or other test exam; which would give me more information concerning my hip. My leg At this point is going Numb, A Constant Jerks. The Doctors continue deny me, and would not refer additional medical care. Also A CAUSE for my disability. They told me they seen NO need and my problem was not as severe. I continue to ASK for help for 2 yrs. Mc DONNELL MD WAS grossly negligent in Supervising Subordinates who committed Wrong acts while in their capacity under COLOR of STATE LAW did violated my 8<sup>th</sup> and 14<sup>th</sup> Amend. The defendant created a policy or custom under which UNCONSTITUTIONAL practices occurred or allowed the continuance of such policy. The defendant was deliberate indifference and medical neglect resulting in complete hip REPLACEMENT.

My Surgeon Report in OPERATIVE REPORT and X-RAY my Hip NOT only had severe OSTEoarthritis, but was also Subsequently DISLOCATED Prior to DISLOCATING the hip a Search was made anteriorly for the screw.

I knew I kept expressing pain. My Surgeon Express that he didnt see how I could even walk. I do have all his reports.

## 7. Relief

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

COMPENSATORY DAMAGES of \$500,000 For physical, mental Anguish, and emotion suffering, and medical Neglect resulting in complete hip REPLACEMENT see ALSO MANDREL V DOE 889 F.2d 783, 787 (11<sup>th</sup> cir 1989).

## Statement of Facts:

On 06-29-2015 I enter Montmouth County Jail. Prior to coming to Jail, I got into car wreck injuring pelvis area, and was arrested, but ~~taken~~ to Bay Shore hospital in Homedel N.J.

Once escort to the County hrs later that day, I did explain to medical what happened a follow up was order. Over the course of time, months later, the pain worsen. The mobility and tightness of my left leg movement was impaired and it became very difficult to walk, sit and sleep. I could only stand for several minutes. Trying to attend church services, Bible study, school, NA, AA and other programs in the institution to assist me in my rehabilitation became unbearable, and impossible. Majority of C/O's and staff witness the pain and suffering as I walk through the halls. Because there were moments I just had to stop for a moments rest. And the officer would let me. They felt grieve for my suffering.

On 12-02-2015 X-ray was taken. I was seen by a doctor who stated "He didn't see anything wrong, and prescribe pain meds. He said it's just a healed fracture, from an past operation". When I was 15 years, I had a screw put through my femoral.

I ask that he run other test, or could something be done to operate on it. I ask to be referred to ortho or specialists. But he constantly denied me. Multiple others slip I drop, to complain, of pain worsening, I explain that I will be here also, for up to two yrs do to my charges. But He specifically stated "He seen nothing to warrant other follow ups."

In April 2017, I got ship out here in South Woods and X-Ray was done 7-06-2017 And on 12-12-2017, surgery was done for hip replacement

204

The X-Ray's taken in the County, and S.W.S.P. were much similar, except that it got worse from having to walk on it causing more injury and physical damages do to medical neglect from Monmouth County.

After reviewing all medical reports, and X-rays it's clear that Monmouth County was deliberate indifferent, and neglect their obligation. I send all medical reports with this claim for review.

My Damage are (Medical Negligent) (Deliberate indifference) (Breach contract) (Medical deprave) Violation of 8<sup>th</sup> and 14<sup>th</sup> Amend.

I seek relief in Compensatory damages, in past and future retribution of \$750,000

See Mandel v. Doe 888 F.2d 783, 787, 11<sup>th</sup> Cir 1989 \$500,000 for medical neglect resulting in complete hip Replacement.

Donell Freeman